

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/24/65

2 Serial/Patent # 10/522687

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

✓ Other Search fee adjustment

\$ 100

7 TOTAL AMOUNT
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

Treasury Check

✓ Credit Deposit A/C #:

9 50 -- 0481

10 REASON:

✓ Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

Kerry Lewis (Baltimore)

TITLE:

Paralegal

SIGNATURE:

[Signature]

PHONE:

(703) 308-9140

OFFICE:

00/20

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

BEST AVAILABLE COPY

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6/24/05</u>		2 Serial/Patent # <u>10/522687</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert. of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input checked="" type="checkbox"/>	Other <u>Search fee adjustment</u>		\$ <u>100</u>							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>100</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check								
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>5</td><td>0</td><td>--</td><td>0</td><td>4</td><td>8</td><td>1</td> </tr> </table>		5	0	--	0	4	8	1
5	0	--	0	4	8	1				
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Kaye Lewis (Balthmae)</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>(703) 308-9140</u>								
OFFICE: <u>DD/EO</u>										
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